

EATA European Association of Transactional Analysis

Notice of Intention to Take the CTA Oral Examination

Complete and return this form to your Language Group Co-ordinator: 3 clear months prior to the date of your oral examination.

NB: Keep a copy for your personal file...

Please print clearly:

Name: _____

Address: _____

Telephone: _____

I have met all requirements stated by COC for oral examination and I declare my intention to take a CTA oral examination at Place: _____ Date: _____

Specialty (*tick*): Counselling Educational Organisational Psychotherapy

Re-sit: Yes / No

Name and address of your Principal Supervisor: _____

Telephone: _____

My training contract has been endorsed by ITAA/EATA on (*date*): _____

If you were granted exceptions, changes in contract or Principal Supervisor, or other, please provide all the details including the dates agreed by EATA on a separate sheet.

My written examination was approved on (*date*): _____

(Do not delay in sending this form if you have not received your written examination evaluation. The language coordinator will complete this date for you if necessary)

I will include in the file I will submit at the oral examination itself:

- A list of all training and supervision (TA and non-TA) I have received in my field of application (hours, dates, trainers/supervisors, subject).
- A professional resume with a detailed list of the hours and format (group, individual, co-leading etc) of my professional TA practice in my field of application.
- A copy of my endorsed EATA training contract including the documentation regarding exceptions and expansions and their associated training plans.

Signature: _____

Date: _____